

Library

BOROUGH OF LEWES

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1953

by

G. M. D. S. B. LOBBAN, M.B., Ch.B.,
D.P.H., Fellow R.S.I., Fellow R.I.P.H.,
Fellow S.M.O.H.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b29730041>

BOROUGH OF LEWES

Annual Report

of the

Medical Officer of Health

for the

Year Ended 31st December, 1953

by

G. M. D. S. B. LOBBAN, M.B., Ch.B.,
D.P.H., Fellow R.S.I., Fellow R.I.P.H.,
Fellow S.M.O.H.

INDEX

	PAGE
Ambulance Facilities	13
Birth, Death and Population Table, including Summary.. ..	8, 12
Births, including Stillbirths, and Birth Rate	8
Clinics and Treatment Centres	14
Deaths	8
Diphtheria Immunisation	5
Factories Act	20
General Provision of Health Services in the Area	13
Hospitals	15
Ice-Cream	18
Infectious Diseases—Prevalence and Control over	20
Laboratory Facilities	13
Meat and Other Foods	18
Milk Supply	18
Nursing in the Home	14
Rodent Control	19
Sanitary Inspection of the District	17
Statistics of the Area, 1953	8
Statistics based on Weekly and Quarterly Returns	12
Swimming Baths	19
Tuberculosis	5, 23
Water Supply	7, 15

PUBLIC HEALTH DEPARTMENT,
LEWIS HOUSE,
LEWIS.

September, 1954.

*To the Mayor, the Chairman of the Health Committee, the Aldermen and
Members of the Lewes Borough Council.*

MR. MAYOR, MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit the Annual Report for 1953 on the health of the Community and on the sanitary circumstances of Lewes.

The estimated population of Lewes for 1953 was 13,120. The census figure for 1921 was 10,798 and the census figure for 1951 was 13,104.

The rate of increase of a population in any area is determined by the natural increase (the excess of births over deaths) on the one hand and the balance of inward and outward migration on the other. In the whole post-war period 1947 to 1953 the excess of births over deaths in Lewes was 320 whilst the increase of population was 570. The natural increase therefore played the major part in the population increase and the excess of immigrants who came into Lewes over the emigrants who left it affected the increase to a lesser degree.

The comparable birth rate for the Borough for 1953 was 15.33 per 1,000 population which is slightly below the birth rate for England and Wales, 15.50, for the same year. As in the post-war years which followed the first world war there was a jump in the birth rate in the years which followed the second world war. High birth rates continued for periods of about five years in each case and then they commenced to fall.

The comparable death rate for Lewes for 1953 was 9.39 per 1,000 population which compares favourably with the death rate of England and Wales for the same year which was 11.40. The average age of death for Lewes for the year under review was 70.1 years.

Since about 1939 there has been a decline of mortality at high ages and the average age at death of Lewes residents, already high, indicates that this is a precursor of a considerable increase of the average age at death in the future. There have been many advances in medical knowledge in recent years particularly associated with the uses of penicillin and the sulphonamides which have cut down the death rate in the elderly. Other factors which are likely to increase the life-span of individuals are the medical research now devoted to the diseases of old age and the increased attention paid to the care and welfare of old people generally. Old people living to-day were born when the standards of living were much lower than they are now and they were exposed to conditions which were much less healthy when they were young than those of to-day. In time, their successors, brought up in more favourable conditions, will follow on and it is likely that the average age at death will be still higher. This will increase the load of dependency on the younger generations as there will be more old people to provide for.

During the year there were no deaths in childbirth or as a consequence of it. Maternal deaths were therefore nil. In the last nine years there has been only one maternal death assigned to Lewes. Maternal deaths in Lewes are so rare nowadays that even one is a remarkable occurrence. Maternal mortality is caused by factors pertaining to, caused by, or following upon, childbirth, and those which are extrinsic to childbearing such as heart disease, pulmonary tuberculosis, kidney disease, etc., in the mother, which diseases are aggravated by pregnancy. A great many maternal deaths in the past were due to sepsis and other forms of toxæmia occasioned by the introduction of the organisms causing such into the mother's system. Through more careful management before, during, and after childbirth the chances of sepsis and other forms of toxæmia have been greatly lessened. In addition, the use of sulphonamide drugs and penicillin has warded the danger off. Greater care now exercised over the mother in the pre-natal and post-natal stages has diminished the hazard of maternal deaths associated with pulmonary tuberculosis, heart disease, kidney disease, etc., in the mother. Although the happy position is not yet reached when maternal mortality has been virtually abolished, as diphtheria has been abolished, it can be said that the death of a woman in or in consequence of childbirth is now such a rare occurrence that the hazard is extremely small.

The Infantile Mortality Rate, which is arrived at by multiplying the number of deaths of children under one year of age by 1,000 and dividing by the number of live births in the same year, was 21.28 for Lewes for 1953. This figure is less than half the average annual rate of the immediate pre-war years 1934 to 1938 which was 48.43. The Infantile Mortality Rate for England and Wales for 1953 was 26.8 per 1,000 live births. The causes of the deaths of children under one year of age operate chiefly during the first month of infant life. They are congenital malformations, prematurity, birth injury and the like. The causes after one month of age are diarrhoea, pneumonia and the like. During the year two infants died in Lewes under four weeks of age, whilst two died over four weeks and under one year. The decline in infantile mortality has been mainly due to the reduction of deaths from congenital debility, diarrhoea and enteritis, respiratory disease and convulsions and to a lesser extent from infectious disease and tuberculosis.

Twenty years ago diarrhoea of a grave type was not uncommon amongst infants. It is rarer to-day and if it does occur it is quickly brought under control with sulphonamides and anti-biotics. Common fevers, bronchitis and pneumonia now kill far fewer children than formerly.

In the general population heart disease caused 40.69 per cent. of the total deaths during the year. This cause was followed by cancer, amounting to 15.86 per cent., and then by vascular lesions of the nervous system which accounted for 9.65 per cent. These three causes invariably head the list of the causes of death every year. Deaths from heart disease are the direct result of the heart having failed in its essential function, but behind this cause of death is the cause of disease of the heart in the first place, whether it is rheumatic infection, degeneration of the arteries of the heart or some other insidious process. Degeneration of the heart muscle forms the greatest proportion of the causes of deaths from heart disease. Coronary embolism or thrombosis form about one-third and valvular disease about one sixth. Deaths from heart disease have been increasing steadily during the last twenty years. This is because there has been an increase in life expectancy and with increased years there is more liability to degeneration of the heart muscle.

As the great majority of individuals who fall victims to cancer are beyond middle age, and as the mean age of the population has risen, the number of persons who die from cancer has increased. In recent years the death rate from cancer amongst females has been falling, due to a decrease in the death rate from cancer of the digestive organs, the liver and the gallbladder. The death rate amongst males has increased recently. Deaths from cancer of the lung amongst males are on the increase. There seems to be at first sight correlation between excessive cigarette smoking and cancer of the lung but so far it has not been proved definitely that excessive cigarette smoking is a sole predisposing cause. There would appear to be some other factor or factors responsible as the death rate from cancer of the lung in the United States where 30 per cent. more cigarettes are smoked than here, is about half of what it is in this country.

Vascular lesions of the nervous system include cerebral haemorrhage (apoplexy), cerebral embolism and thrombosis, softening of the brain and other cranial effusions. Deaths from these causes have increased materially during the last quarter century and they occur mainly in the elderly with the peak number around the age of seventy-five years.

The year 1953 was the first year in which no deaths occurred from tuberculosis in Lewes. In the five year period 1923 to 1927 sixty-one Lewes residents died from tuberculosis, in the quinquennium 1934 to 1938 the number who died from the infection was forty and in the five year period 1949 to 1953 eleven died. Sufficient is now known about tuberculosis and methods of its cure to make it possible to eradicate it or at least to reduce it to an irreducible minimal incidence. It is likely that some years will pass before one or the other is accomplished. Nevertheless much has been accomplished already as witness the reduction of the number of deaths from the disease to about one-sixth in the last five year period of the number who died in the 1923 to 1927 period.

Unfortunately, we do not know enough about the causation of heart diseases and cancer and the means of combating those diseases to reduce the incidence and mortality from them.

A total of 374 cases of infectious disease were notified in Lewes in 1953. Measles accounted for 189, whooping cough for 149 and scarlet fever for 17. Only one case of poliomyelitis was notified. As in former recent years, there were no cases of diphtheria. In one year alone, 1929, no less than 34 cases of diphtheria were notified in Lewes whilst 46 cases of scarlet fever were notified in the same year. In the five year period 1949 to 1953 fifty-one cases of scarlet fever were notified and four cases of diphtheria were notified. All the diphtheria cases occurred in 1949 and were inmates of a children's home. These four cases came from outside Lewes and contracted the disease outside the Borough. None were Lewes children and none had been immunised. The only death from infectious disease in Lewes in 1953 was that of a child whose cause of death was given as whooping cough. Revolutionary progress made in the fields of public health and curative medicine has reduced the mortality of infectious diseases which used to cause a heavy death rate seventy years ago. As causes of mortality the epidemic diseases are now relatively unimportant compared with their once paramount importance. It can be said that diphtheria has now been virtually abolished. Scarlet fever in its present day form is but

a shadow of its former self. It is now a comparatively mild disease. Typhoid fever and paratyphoid fever cases have become so rare as to be surprising when they do occur.

During the year twenty-one cases of pulmonary tuberculosis were notified of which thirteen were between the ages of five years and thirty years whilst eight were between the ages of forty years and sixty-two years. In 1952 twenty-six cases were notified, twelve of which were between the ages of two years and thirty-five years and fourteen between the ages of forty years and seventy years.

There appears to be a general belief amongst the public that pulmonary tuberculosis is infrequent amongst the older age groups. It is a fact that an elderly person may have contracted an initial infection of tuberculosis in infancy or childhood with no clinical manifestations of the disease revealed until past middle life or in a period of senility. The symptoms of tuberculosis among the elderly are often very misleading and because of their mildness may tend to be overlooked. Fever is not common and in many cases the symptoms are those commonly attributed to chronic bronchitis or cardiac changes. Physical signs are frequently slight or absent and those present may be difficult to find. The most valuable phase of any enquiry is that where X-ray examination is carried out. In fact, many cases of tuberculosis in the aged will remain undiagnosed unless X-ray examinations are made. There are dangers arising from elderly cases of pulmonary tuberculosis where the associates must be taken into consideration. Cases have been reported where children and other members of the family have become infected through exposure to grandparents or to other elderly persons living in the same household. Such elderly infected persons constitute a menace to those living in close association with them. Tuberculosis in those past middle life is indeed a problem as its danger lies in the mildness of the disease. Every effort is being made to discover tuberculosis in the middle-aged and elderly and to prevent the spread of infection from them.

Three cases of non-pulmonary tuberculosis were notified in 1953. Cases of this type of infection have become fewer in recent years owing to the increased consumption of pasteurised milk and of milk from Tuberculin Tested cows.

Despite the phenomenal decline in the tuberculosis death rate during the past twenty years the control of tuberculosis remains a major public health problem. Amongst the causes of the decline are sociological factors, the improvement of nutrition, increase in actual wages and in leisure, while the reduction of overcrowding and in the hours of labour has contributed to the result. Purposive control measures such as segregation in sanatorium and modern treatment methods have played a significant role in the decline of tuberculosis mortality and will continue to do so.

It is well known that as the incidence of a communicable disease, as tuberculosis is, decreases, further reductions can be obtained only at the cost of increasing the expenditure of time and effort and it is not likely that in tuberculosis there is any exception to the law of diminishing returns. By the use of the facilities now available in the shape of X-rays for the early detection of the disease and the up-to-date methods of treatment by streptomycin, P.A.S., and other curative substances there is every reason to believe that tuberculosis will be reduced still further.

Many samples of water obtained from the Lewes well and from the main supplies of consumers' premises and submitted to bacteriological and chemical examinations during the year showed that in each case the water was found to be of the highest purity.

Good housing is essential to public health and although the building of new houses and conversion of existing houses into dwellings by no means met the demand, progress was made in 1953. During the year sixty new houses were erected by the local authority and twenty were erected by other persons. Six houses were converted into flats and two into houses. The need for new housing accommodation is likely to continue for some years and this will be accentuated when various insanitary areas and unfit houses are dealt with.

Visits and inspections by the sanitary inspector totalled 2,958 for the year whilst a total of nuisances abated and cases of repair work carried out amounted to 220. On perusal of lists of these in the body of this Report it can be seen that a wide scope was covered.

A high standard of purity of ice-cream retailed in the town was revealed by sampling. Of the eighteen samples submitted for bacteriological examinations eleven were of the highest purity, five were satisfactory and only two were unsatisfactory. Subsequent samples from the sources of the unsatisfactory ones, submitted to bacteriological examinations, were satisfactory.

Food premises inspected during the year were observed to have maintained satisfactory conditions as regards hygiene.

Attention is drawn again to the method of chlorinating the Pells open-air swimming bath. The chlorination is done by hand and the results of testing samples of water showed that surplus chlorine necessary to destroy bacteria was not maintained. Mechanical chlorination has been a long felt need.

The main points of this Report are the very low death rate for the year ; a birth rate which more than compensated for the death rate ; the high average age of death of Lewes residents ; the absence of deaths due to childbirth or its consequences ; the low death rate of infants dying under one year of age and the absence of deaths from tuberculosis. No case of diphtheria occurred during 1953 and that has been the case for the last four successive years.

On the whole the state of health of the community of Lewes in 1953 was satisfactory.

In conclusion I want to thank you for your help and encouragement during the year. My thanks are also due to Mr. Price for his valuable assistance and to other officials of the Council for their courtesy and co-operation.

I am, Mr. Mayor, Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

G. M. DAVIDSON LOBBAN,

M.B., Ch.B., D.P.H., F.R.S.I., etc.,

Medical Officer of Health.

SECTION I

STATISTICS OF THE LEWES AREA, 1953

Area (in acres)	..	..	..	..	..	..	1,981
Population (estimated)	..	..	..	..	..	..	13,120
Rateable Value	..	..	..	..	..	..	£129,154
Sum represented by Penny Rate	..	..	..	..	..	..	£522

EXTRACTS FROM VITAL STATISTICS

<i>Live Births</i>				<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Rate per 1,000 Population</i>	
Legitimate	..	..	..	90	93	183		
Illegitimate	..	..	..	2	3	5		
						—		
						188	..	14.33
Deaths	..	..	..	65	80	145	..	11.05
								<i>Rate per 1,000 Live and Still Births</i>
Maternal Mortality	..	..	..	—	—	—	..	Nil
								<i>Rate per 1,000 Live Births</i>
Infantile Mortality (Deaths under 1 year of age)	..	..	..	2	2	4	..	21.28

POPULATION

The Registrar-General's estimated population for 1953 is 13,120. The population of Lewes for the last 26 years is as follows:—

<i>Year</i>	<i>Population</i>	<i>Vital Index</i>	<i>Year</i>	<i>Population</i>	<i>Vital Index</i>
1928	12,450	90.09	1941	13,290	104.83
1929	11,140	80.00	1942	12,410	123.78
1930	11,140	128.50	1943	11,990	108.52
1931	10,790	93.20	1944	11,750	127.21
1932	11,560	150.60	1945	11,530	124.51
1933	11,440	88.40	1946	12,250	137.86
1934	11,790	105.60	1947	12,550	150.57
1935	11,850	98.49	1948	12,950	182.83
1936	11,910	97.56	1949	12,950	120.78
1937	11,920	98.13	1950	12,700	97.14
1938	11,960	81.92	1951	12,940	114.28
1939	12,350	109.80	1952	13,030	114.74
1940	12,980	92.69	1953	13,120	129.66

The small increase in population shown during 1952 has been maintained, the increase being 90 for the second year in succession. This steady rate of increase is more advantage at the present time than a more rapid rate of development would be as the present rather slow development helps to minimise housing difficulties which are still manifest in Lewes as elsewhere throughout the country.

The vital index shown in the table is arrived at by dividing the number of births during the year in the area under review by the number of deaths, and multiplying the result by a hundred. The figure thus obtained is a measure of the population's biological condition, and any such figure above a hundred shows that births in the area have more than compensated for the deaths which have taken place during the same period. Similarly, any figure below a hundred shows that the reverse is the case and the position of the population is not biologically sound. Naturally, other factors, such as immigration into, and emigration from, an area, have an effect on the state of population, but the birth and death rates constitute the main index of its biological condition.

The vital index for Lewes in respect of the year under review is well above the hundred mark for the third year in succession and is, indeed, the highest figure recorded since 1949. In the annual report for 1952 it was remarked that the improved vital index figure was due not so much to an increase in the birth rate as to a reduction in the death rate. This year, it is pleasant to be able to comment that the high vital index figure is due as much to an improved birth rate as to a reduction in the death rate.

Maternal Mortality

During 1953 no woman from the Borough of Lewes died in childbirth. Only one maternal death of a Lewes resident has occurred in the past nine years, during which period nearly 1,900 births took place. The very occasional death which still occurs serves as a grim reminder that the efforts made during the past few years to reduce maternal mortality must not be relaxed in the slightest if an increase in the rate is to be avoided.

Infantile Mortality

Four infants died in Lewes during the year 1953 before reaching one year of age. This represents an infantile death rate of 21.28 per 1,000 related live births, which although considerably lower than the figure of 27.93 for Lewes during 1952 is based on a difference of only one in the total numbers for the respective years, the total for 1952 being five. The figure for England and Wales for 1953 was 26.8 and the Lewes figure is considerably lower than this. It must be remembered, however, that only one additional infantile death would have brought the figure for the Borough to almost exactly the same figure as that for the country as a whole.

BIRTH RATE

The crude birth rate for the year under review was 14.33 per 1,000 population. This represents an increase of 0.59 or just under 4.3 per cent. on the figure of 13.74 per 1,000 population for 1952. It is also very slightly higher than the figure for 1951 for the Borough, which was 14.22 per 1,000 population. This upward trend is particularly satisfactory in that it continues an improvement started in 1951 but not continued in 1952. The years 1951 and 1953 are the first years since 1947 when the crude birth rate for the district has not

exhibited a downward trend. Although this is encouraging, it is salutary to compare the present figure of 14.33 per 1,000 population with the average figure of 19.6 recorded for the years 1946-1948. While it is unlikely that the extremely high rate recorded in the immediate post-war years will again be reached during normal times, nevertheless it is to be hoped that the annual rate figure will stabilise somewhere between the two levels, possibly in the region of 16.0 per 1,000 population. One of the most important factors leading to this end is the provision of improved housing facilities throughout the town. Happily, there are signs that the restrictions on building are being gradually relaxed, and no doubt when young couples feel more confident of obtaining satisfactory accommodation in which to set up house, more homes will be established and more families created.

An area comparability factor of 1.07 is applicable to the birth rate in the Borough. This factor is supplied by the Registrar-General in order that a fair comparison may be made between the local birth rates of different districts. In this case its application gives an adjusted birth rate of 15.33, which is very little below that of England and Wales, which was 15.50 per 1,000 population.

DEATH RATE

The crude death rate for Lewes for the year 1953 was 11.05 per 1,000 population. This is a reduction in the crude death rate in the Borough for the preceding year (11.97).

An area comparability factor of 0.85 is applicable to the death rate of 11.05 per 1,000, and this gives an adjusted figure of 9.39. The death rate for England and Wales for 1953 was 11.40 per 1,000 population.

The average age of death is 70.1 years, which compares favourably with the expectation of life throughout England and Wales.

The highest age at death was	..	..	93 years
The lowest age at death was	..	..	6 hours
The average age at death was	..	..	70.1 years

CAUSES OF DEATH

CAUSES OF DEATH							Male	Female	Total
Heart Disease	..	..	..	..	..	..	27	32	59
Cancer ..	..	..	..	..	..	..	10	13	23
Vascular Lesions of Nervous System	..	..	..	..	..	..	2	12	14
Pneumonia ..	..	..	..	..	..	..	4	3	7
Influenza ..	..	..	..	..	..	..	2	2	4
Hyperplasia of Prostate	..	..	..	..	..	..	3	—	3
Other Circulatory Disease	..	..	..	..	..	..	3	—	3
Other Diseases of Respiratory System	..	..	..	..	..	..	—	2	2
Whooping Cough ..	..	..	..	..	..	..	1	—	1
Leukaemia, Aleukaemia	..	..	..	..	..	..	—	1	1
Nephritis ..	..	..	..	..	..	..	—	1	1
Congenital Malformation	..	..	..	..	..	..	1	—	1
Accidents other than Motor Vehicle Accidents	..	..	..	..	..	..	3	3	6
Suicide ..	..	..	..	..	..	..	—	3	3
Other Defined and Ill-defined Diseases	..	..	..	..	..	..	9	8	17
							65	80	145

SPECIFIC CAUSES OF DEATH

Each year three main causes of death account for the greater part of the mortality in the town and, indeed, throughout the country and it is of interest to see how regularly the number of deaths due to each of the causes assumes a similar proportion of the whole total. Comparing the number of deaths from the three main causes for the years 1951, 1952 and 1953 the following results are observed :—

	1951	1952	1953
Heart Disease	59	61	59
Cancer	24	26	23
Vascular Lesions of Nervous System ..	24	15	14

Heart Disease and Diseases of the Circulatory System

So far as heart disease and diseases of the circulatory system are concerned it is probable that this group of illnesses will always remain the major cause of death, as many of the cases of heart disease which prove fatal in old age are little more than the result of the heart wearing out. This effect can be postponed, but it is unlikely to be entirely obviated.

Cancer

The position with regard to cancer, the second of the major killers, is somewhat different. The root cause of the disease is not yet known and it is to be hoped that if and when this is discovered a dramatic reduction in the number of deaths from this cause will be achieved. Although the ultimate goal has not yet been attained, much has been accomplished to reduce the fatality rate of the disease, and some forms of cancer which a few years ago would have been looked upon as certainly fatal are now operated upon successfully.

One of the most important points relating to cancer which can be driven home to all members of the community is that in any case of doubt or uncertainty a visit should be made to the doctor in order that if any form of cancer is present it may be discovered at the earliest possible moment.

Vascular Lesions of the Nervous System

Vascular lesions of the nervous system include cerebral haemorrhage, cerebral embolism and thrombosis, and other lesions. A total of fourteen deaths in Lewes was classified under this heading during 1953, two being males and twelve females. This is a reduction of one on last year's total of fifteen. Most of these deaths occur amongst elderly persons and are due to the degeneration which takes place in the blood vessels in persons of advanced age.

VITAL STATISTICS

Birth-rates, Death-rates, Analysis of Mortality, Maternal Mortality and Case-rates for Certain Infectious Diseases in the Year 1953. Provisional figures based on Quarterly returns.

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000- 50,000 at 1951 Census)	London Adminis- trative County	Lewes 1953 Population 13,120
Rates per 1,000 Home Population					
Births : Live	15.5	17.0	15.7	17.5	14.33
Still	0.35	0.43	0.34	0.38	0.30
	22.4(a)	24.8(a)	21.4(a)	21.0(a)	20.83(a)
Deaths : All Causes	11.4	12.2	11.3	12.5	11.05
Typhoid and Paratyphoid	0.00	0.00	—	—	—
Whooping Cough	0.01	0.01	0.00	0.00	0.08
Diphtheria	0.00	0.00	0.00	—	—
Tuberculosis	0.20	0.24	0.19	0.24	0.00
Influenza	0.16	0.15	0.17	0.15	0.30
Smallpox	0.00	0.00	0.00	—	—
Acute Poliomyelitis (includ- ing Polioencephalitis)	0.01	0.01	0.01	0.01	0.00
Pneumonia	0.55	0.59	0.52	0.64	0.53
Notifications (Corrected):					
Typhoid Fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.00
Meningococcal Infection	0.03	0.04	0.03	0.03	0.00
Scarlet Fever	1.39	1.50	1.44	1.02	1.29
Whooping Cough	3.58	3.72	3.38	3.30	11.36
Diphtheria	0.01	0.01	0.01	0.00	0.00
Erysipelas	0.14	0.14	0.13	0.12	0.30
Smallpox	0.00	0.00	0.00	—	—
Measles	12.36	11.27	12.32	8.09	14.40
Pneumonia	0.84	0.92	0.76	0.73	0.68
Acute Poliomyelitis (includ- ing Polioencephalitis)—					
Paralytic	0.07	0.06	0.06	0.07	0.08
Non-paralytic	0.04	0.03	0.04	0.03	0.00
Food Poisoning	0.24	0.25	0.24	0.38	0.08
Puerperal Pyrexia	18.23(a)	24.33(a)	12.46(a)	28.61(a)	0.00
Deaths :					
Rates per 1,000 Live Births					
All causes under 1 year of age	26.8(b)	30.8	24.3	24.8	21.28
Enteritis and Diarrhoea under 2 years of age	1.1	1.3	0.9	1.1	0.00

(a) Per 1,000 Total (Live and Still) Births

(b) Per 1,000 related Live Births

Maternal Mortality in England and Wales

<i>Intermediate List No. and Cause</i>	<i>Number of Deaths</i>	<i>Rates per 1,000 Total (Live and Still) Births</i>	<i>Rates per million women aged 15-44</i>	<i>LEWES</i>
A 115 Sepsis of Pregnancy, Childbirth and the Puerperium	68	0.10		
A 116 { Abortion with Toxaemia ..	7	0.01	1	—
Other Toxaemias of Pregnancy and the Puerperium	166	0.24		—
A 117 Haemorrhage of Pregnancy and Childbirth	90	0.13		—
A 118 Abortion without mention of Sepsis or Toxaemia ..	30	0.04	3	—
A 119 Abortion with Sepsis ..	39	0.06	4	—
A 120 Other complications of Pregnancy, Childbirth and the Puerperium	125	0.18		—

SECTION II

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

1. Public Health Facilities of the Local Authority

During the period under review the Medical Officer of Health for the Borough of Lewes also acted as Medical Officer of Health for the Urban Districts of Newhaven and Seaford and the Rural District of Chailey. The East Sussex United Districts (Medical Officer of Health) Joint Committee, by which the Medical Officer of Health for the four districts is appointed, provides an efficient means of administering the Joint Appointment.

One Sanitary Inspector carried out duties in the Borough.

2. Laboratory Facilities

The Public Health Laboratory, established at the Royal Sussex County Hospital, Brighton, has proved of great assistance during the year.

The Laboratory has carried out for the Borough, free of charge, the examination of sputum, laryngeal swabs, rectal swabs and faeces, and has also undertaken the examination of milk, ice-cream and water. Altogether the Laboratory carried out 144 different examinations for the Borough during the year under review. This service is extremely valuable both to your Medical Officer of Health and to the Medical Practitioners practising in the Borough. It is particularly useful in providing a certain means of discovering whether or not a person has been invaded by the infective organism causing tuberculosis and is also of great use in detecting any impurities or infective organisms in milk, ice-cream, or foodstuffs generally.

3. Ambulance Facilities

The provision of the ambulance service is the responsibility of the East Sussex County Council, which houses two ambulances and a sitting case car at the Market Tower Clinic in the town. During 1953 these vehicles were

available for the conveyance of both infectious and non-infectious cases and arrangements are in being for the disinfection of ambulances, bedding, clothing, etc., after use for the transport of an infectious case. The vehicles are staffed by members of the St. John Ambulance Brigade and are serviced, as necessary, by the drivers or by a commercial garage. If a further call is received while both the ambulances are out on duty, arrangements are in being for the call to be dealt with by other depots in the area.

4. Nursing in the Home

As in previous years, the East Sussex County Council, as empowered by Section 25 of the National Health Service Act, 1946, has arranged for this service to be provided by the East Sussex County Nursing Association through the Lewes and District Nursing Association.

5. Clinics and Treatment Centres

The following is a list of Clinics and Treatment Centres available in Lewes during 1953 :—

<i>Description and Situation</i>	<i>Day and Time of Attendance</i>	<i>By Whom Provided</i>
Infant Welfare Centre, Castlegate House, Lewes	Tuesday afternoon, 2.15-4 p.m. (Where a fifth Tuesday in month—no clinic)	E.S.C.C.
Chest Clinic, Victoria Hospital, Lewes	Monday and Friday, at 2 p.m., by appoint- ment	Regional Hospital Board
Orthopaedic Clinic, Y.M.C.A., Lewes	Monday, Wednesday and Friday, 10 a.m.- 1 p.m., by appointment	Mid-Sussex Hospital Board
Artificial Pneumothorax, Victoria Hospital, Lewes	Wednesday Women 2.15 p.m. Men 3.30 p.m.	Regional Hospital Board
Minor Ailment Clinic, Castlegate House, Lewes	Monday to Friday, 9 a.m. to 10 a.m.	County Education Committee
Dental Clinic, Castlegate House, Lewes	Every day by appointment	County Education Committee
Nervous Disorders Clinic, Victoria Hospital, Lewes	Every Tuesday, 2-4 p.m.	Regional Hospital Board

In addition to the above, patients from Lewes were treated at the Brighton Sanatorium, the Royal Sussex County Hospital and the Children's Hospital, Brighton.

6. Hospitals

Under the provisions of the National Health Service Act, 1946, the Ministry of Health is responsible for the provision of hospital accommodation which, in this area, was materially the same as in previous years.

7. Provision for the Care of Mental Defectives

The East Sussex County Council deals with the Lunacy and Mental Deficiency services in respect of patients outside institutions. All institutional care is the responsibility of the Regional Hospital Board.

SECTION III

SANITARY CIRCUMSTANCES AND SANITARY INSPECTION OF THE AREA

1. WATER SUPPLY

The water supply is derived almost entirely from the Lewes Corporation Waterworks. Some private wells are still being used. The Corporation Waterworks are situated at the south-west end of the town. The water is pumped from the well into four covered distributing reservoirs, namely, Jubilee Park, Race Hill (2), and Western Road.

(a) The supply is constant, of good quality, and sufficient for the needs of the community.

(b) The Public Analyst took during the year samples of water from the Lewes Well—quarterly for chemical and bacteriological examination, and monthly for examination for organisms of the Coli group. The following is a copy of one of his reports:—

REPORT upon a sample of water taken on the 6th August, 1953. Sample labelled "Lewes Well."

The water on arrival had the following characteristics:—

Colour	..	None
Smell	..	None
Sediment	..	None

Chemical Analysis afforded the following:—

						<i>Grains per Gallon</i>	<i>Parts per Million</i>
Total solids (dried at 100 C.)	..	..	..	..	..	20.2	
Solids (after ignition)	..	..	..	..	..	15.8	
Chlorine	..	..	..	..	..	1.7	
Ammonia (free)	..	..	..	..	..		.076
Ammonia (albuminoid)	..	..	..	..	..		.044
Oxygen taken from permanganate in $\frac{1}{4}$ hour	..	..	..	..	..	Nil	
Oxygen taken from permanganate in 4 hours	..	..	..	..	..	Nil	
Nitrogen as Nitrates and Nitrites	..	..	..	..	..	.30	
Nitrites	..	..	..	..	..	Nil	
Hardness (total)	..	..	..	..	..	14.5	
Hardness (after boiling)	..	..	..	..	..	4.5	
Phosphates	..	..	..	..	..	Nil	
Metallie impurity	..	..	..	..	..	Nil	
PH	..	..	..	..	..	7.4	

Bacteriological Examination

The organisms per ml. which grew on Nutrient Agar in three days at 22°C under aerobic conditions and were then visible to the naked eye as colonies numbered	5
On Agar at blood temperature and under aerobic conditions colony was noticed after two days' incubation	1
Probable number of Coli-Aerogenes organisms in 100 ml. of the original water	0

Report

The chemical and bacteriological results are satisfactory, and I am of opinion, therefore, that this water is perfectly safe for drinking purposes, and suitable for a Public Supply.

(c) Seven samples of the Lewes Well water were also taken during the year from the service supply at consumers' premises, and submitted to the Public Health Laboratory Service, Brighton, for bacteriological examination.

The reports on the samples showed the water to be in a very satisfactory condition.

(d) As the water supplied from the Lewes Well is not liable to have plumbo-solvent action, it has not been necessary to take any precautions against this.

(e) Also no other form of contamination of the supply has occurred during the year.

(f) In conclusion, all dwelling houses in the Borough have a direct piped supply from the public water main, with the exception of 11 houses which receive their supply from private wells, but this is also piped direct to these houses.

2. DRAINAGE AND SEWERAGE

Water carriage system ; fifty-eight houses only being connected to septic tank system or cesspools.

The sewerage system provides for the converging of all sewers into the sewage disposal works at Southeram, where the effluent, after the passing of the sewage through a detritus chamber, screens, and sedimentation tanks, is stored in reservoirs until it is discharged into the River Ouse at suitable states of the tide.

3. CLOSET ACCOMMODATION

Water closet ; part hand flushed, but chiefly by flushing cistern.

4. SCAVENGING

The collection of house refuse is carried out once weekly over the whole district, and disposal was effected by controlled tipping on low-lying ground.

Salvage collected during the year amounted to :—

Metals : 43 tons 1 cwt. 1qr. 16lb.	Value	£386	10	7
Textiles : 18 tons 3cwt. 0qr. 2lb.	„	£408	18	5
Paper : 31 tons 17cwt. 2qr.	„	£63	15	0

5. HOUSING STATISTICS

1. Number of new houses and flats occupied during the year :—

(a) Total	80
Erected by Local Authority	60
Erected by other persons	20
(b) Additional dwellings by conversions into flats	6
(c) Additional dwellings by conversions into houses	2
2. Number of houses improved up to standard of Housing Act, 1949	10
3. Statutory action taken under Housing Act, 1936	Nil
4. Statutory action taken under Public Health Act, 1936	1

6. SANITARY INSPECTION

(a) VISITS AND INSPECTIONS

Houses and Premises Inspected	..	..	..	..	..	216
Complaints attended to	..	..	..	..	..	62
Visits to Slaughterhouses	..	..	..	..	..	11
Visits to Knackers Yards	..	..	..	..	..	7
Visits to Milkshops and Dairies	..	..	..	..	..	54
Visits to Ice-cream Premises	..	..	..	..	..	28
Visits to Bakehouses	..	..	..	..	..	15
Visits to Fried Fish and other Food Shops	..	..	..	..	..	78
Visits to Cafes and Restaurants	..	..	..	..	..	23
Visits made regarding Drainage	..	..	..	..	..	131
Visits under Factories Acts	..	..	..	..	..	82
Visits regarding Sickness	..	..	..	..	..	29
Rooms disinfected	..	..	..	..	..	15
Inspection of Verminous Houses	..	..	..	..	..	16
Houses disinfested	..	..	..	..	..	27
Visits regarding Rodent Control	..	..	..	..	..	1,588
Inspections under the Petroleum Act	..	..	..	..	..	41
Inspections of Pig Keepers' Premises	..	..	..	..	..	9
Visits made under the Shops Act	..	..	..	..	..	31
Visits to Pet Shops	..	..	..	..	..	6
Visits to Cinemas	..	..	..	..	..	4
Visits to Swimming Baths	..	..	..	..	..	8
Drains tested	..	..	..	..	..	14
Smoke observations	..	..	..	..	..	3
Samples of Ice-cream taken	..	..	..	..	..	18
Samples of Milk taken	..	..	..	..	..	44
Samples of Water taken	..	..	..	..	..	7
Visits made for Sundry Purposes	..	..	..	..	..	273
Visits made for Re-inspections	..	..	..	..	..	118

(b) NUISANCES ABATED AND REPAIR WORK CARRIED OUT

Dampness remedied	..	..	..	..	..	42
Choked Drains cleared	..	..	..	..	..	29
Drains relaid or repaired	..	..	..	..	..	23
W.C.s repaired or reconstructed	..	..	..	..	..	4
Flushing Cisterns provided	..	..	..	..	..	5
Sink Waste Pipes	..	..	..	..	..	2
Eaves, Gutters and Rainwater Downspouts	..	..	..	..	..	3
Dustbins provided	..	..	..	..	..	4
Fireplaces and Ranges	..	..	..	..	..	4
Floors	..	..	..	..	..	9
Roofs	..	..	..	..	..	13
Plasterwork of Ceilings and Walls	..	..	..	..	..	16
Window Frames	..	..	..	..	..	6
External Walls	..	..	..	..	..	2
Staircases	..	..	..	..	..	1
Chimney Stacks	..	..	..	..	..	2
Inspection Chambers installed	..	..	..	..	..	6
Rooms cleansed	..	..	..	..	..	10
Verminous Houses cleared	..	..	..	..	..	13
Wasp and Ant infestations cleared	..	..	..	..	..	18
Accumulations cleared	..	..	..	..	..	8

(c) IMPROVEMENTS

Baths provided	..	..	..	..	..	23
Additional W.C.s (internal) provided	..	..	..	..	..	34

7. INSPECTION AND SUPERVISION OF FOOD

(a) Milk Supply

The greater part of the milk supply is drawn from outside the Borough, there being only two cowkeepers registered within the District, one of which is licensed as a Producer-Retailer of "Tuberculin Tested" milk.

There are nine other retailers registered, each of whom holds licences for the sale of "Tuberculin Tested" and "Pasteurised" milk. Pasteurisation is carried out at one licensed dealer's premises.

The whole of the milk retailed within the Borough is of a "designated" supply, being either "Tuberculin Tested" or "Pasteurised."

Inspections of dealer's premises showed that these were kept in a clean and satisfactory condition.

Samples of milk submitted to the Public Health Laboratory Service, Royal Sussex Hospital, Brighton, for examination, were as follows:—

Bacteriological Examination

Twenty-six samples submitted, three of which were found to be unsatisfactory. Each of these was a "Tuberculin Tested (Farm bottled)" milk which did not conform to the required standard. The County Milk Production Officer was notified in each case, and subsequent samples were found to be satisfactory.

Biological Examination

Eighteen samples submitted, all of which proved to be satisfactory.

(b) Ice-Cream

There are thirty-nine premises registered for the sale of ice-cream, and none for manufacture. The greater part of the ice-cream sold is pre-packed, and all retailers have co-operated in maintaining a good standard of cleanliness in respect of their premises and equipment.

Eighteen samples of ice-cream were submitted to the Public Health Laboratory Service for bacteriological examination; the reports on the gradings of these were:—

Grade I	..	11
Grade II	..	5
Grade III	..	2

Results of the reports were sent to the vendors in each case. Subsequent samples of the two which were reported as Grade III, were found to be satisfactory.

(c) Meat

Only occasional slaughtering was carried out during the year, this was of pigs being slaughtered by licensed slaughtermen, for the owners' own consumption.

(d) Food Premises

Inspections of food premises were made regularly throughout the year, and satisfactory conditions were maintained. The number of such premises, classified according to trade are:—

Grocers	38	Butchers	13
Restaurants and Cafes ..	22	Greengrocers	20
Fishmongers	5	Fried Fish Shops ..	4
Bakeries	7	Baker's Shops	8
Dairies	10	Confectioners	25
Cooked Meat Shop	1	Canteens	9
Public Houses	31	Hotels	3

Certain of these premises are required to be registered under Section 14 of the Food and Drugs Act, 1938, and these are:—

Sale of Ice-cream	39
Manufacture of Sausages ..	14
Fish Frying	4

(c) Unsound Food

The following summary shows food which was found on inspection to be unfit for human consumption, and which was voluntarily surrendered for destruction by the owners :—

Beef	242 lb.
Pork	76 lb.
Pork Sausages	175 lb.
Fish	210 lb.
Ducks (12)	61 lb.
Bacon	13½ lb.
Canned Cooked Ham	144 lb.
.. Chicken	20 lb.
.. Ox Tongue	8 lb.
.. Jellied Veal	12 lb.
.. Brisket of Beef	12 lb.
.. Pork Luncheon Meat	54 lb.
.. Fruit	990 tins
.. Vegetables	124 tins
.. Milk	72 tins
.. Meat	63 tins
.. Fish	62 tins
.. Soup	53 tins
.. Jam and Marmalade	35 tins
Jellies	135 packets
Paste	31 jars
Cornflour	7 lb.
Sugar	3½ lb.
Steak Pies	3
Other Assorted Groceries	12 tins, packets and bottles
Disposal of condemned food was as follows :—	
Meat	by return to the Abattoir at Brighton
Fish and Sausages	to pig keepers for pig food
Canned Goods, etc.	burying at the controlled tip

8. RODENT CONTROL

In addition to dealing with individual complaints of rat or mice infested premises, regular surveys have been made of likely infested premises and land, and where infestations have been found, these have been treated.

Regular supervision and treatments of the Council's refuse tip has resulted in its being kept almost completely free from rats.

Treatment of the sewer system was not found necessary during the year, owing to its "clean" record.

Details of rat and mice destruction during the year are as follows :—

Visits made to premises	1,588
Number of infestations found and cleared	67

9. SWIMMING BATHS

The open-air swimming bath at the Pells is owned by the Council. The bath capacity is 225,500 gallons, and it is completely emptied, cleansed, and refilled at fortnightly intervals ; also approximately one-eighth of the volume of water is changed daily by pumping.

Chlorination of the water is done by hand at the end of each day's bathing. Results of tests showed that it was not possible to maintain the necessary surplus chlorine to destroy any bacteria which may be introduced by bathers, or contamination from other sources, owing to the discomfort which is caused to the bathers.

10. PETROLEUM ACT, 1928

Forty licences were issued for the storage of Petroleum Spirit. The total quantity which might be kept under these licences was 42,930 gallons.

Fees amounting to £26 15s. were received.

11. FACTORIES ACTS, 1937 and 1948

There are sixty-eight factories in the Borough, in which Sections 1, 2, 3, 4 and 6 of the Act can be enforced by Local Authorities (i.e., factories in which no mechanical power is used). During 1953, fifty inspections were carried out in these premises.

Under Section 7 of the Act, there are eighty factories on the register. Thirty-two inspections were carried out in these premises, and defects found in six of the premises were remedied.

There are also seven other premises under the Act to which three inspections were made.

In connection with outwork, there are two persons employed in this category, making or altering wearing apparel; no defaults were brought to the notice of the Public Health Department among these workers.

SECTION IV

**PREVALENCE OF, AND CONTROL OVER,
INFECTIOUS AND OTHER DISEASES**

Infectious Diseases

Three hundred and seventy-four cases of infectious disease were notified in Lewes in 1953. The details are as follows:—

<i>Disease</i>				<i>Total No. of Cases admitted to Hospital</i>	<i>Total No. of Deaths</i>
Dysentery	3	—	—		
Erysipelas	4	1	—		
Food Poisoning	1	1	—		
Measles	189	1	—		
Ophthalmia Neonatorum ..	1	—	—		
Pneumonia	9	—	—		
Poliomyelitis	1	1	—		
Scarlet Fever	17	1	—		
Whooping Cough	149	2	1		
Totals	374	7	1		

Dysentery

Three cases of dysentery were notified in the district during 1953. All three cases were treated at home and made uneventful recoveries.

Erysipelas

Four cases of erysipelas were notified in 1953. Three of the four cases were treated at home and made uneventful recoveries. The fourth, a 38-year-old woman, had facial erysipelas and was admitted to hospital when the erysipelas spread to her eyes. Although she was seriously ill on admission, treatment with chloromycetin cleared up the condition in four days. This case was a typical example of the great strides in the treatment of the disease that have been made, due to the discovery of chloromycetin and the sulphonamide drugs. Prior to the use of these drugs, a case of the type mentioned would have resulted in a long and critical illness with the likelihood of a fatal issue. Few deaths now occur due to erysipelas and, generally speaking, the severity of the disease is greatly reduced and a cure is effected much more rapidly than was the case in the past.

Food Poisoning

One case of food poisoning occurred in Lewes during 1953. This was of a boy aged 6 years who was admitted to hospital in May, suffering from a salmonella infection. As so often happens in these cases, it was not possible to trace the vehicle of infection owing to the length of time that elapsed between the consumption of the infected food and receipt of notification of the case. However, as in all similar cases, every effort was made to eliminate possible future sources of infection from the boy's home and advantage was taken of the opportunity to instil clean food propaganda.

Measles

One hundred and eighty-nine cases of measles were notified in the Borough during 1953. This represents 50.5 per cent. of the total number of notifications of infectious disease received during the year. Although the number of cases notified was considerably higher than in 1952, the incidence was by no means exceptionally high and was only very little more than half that experienced in the town in 1951, when the total number of cases notified was 360.

All of the cases except one were treated at home and made rapid and uneventful recoveries. The single case which was admitted to hospital was of a boy aged 5½ years who developed pneumonia as a complication. He was completely cured and discharged fit and well a fortnight after admission to hospital.

Measles mainly affects children under seven years of age, and before the introduction of penicillin and the sulpha drugs broncho-pneumonia often developed as a fatal complication and in comparatively recent years a case of the type mentioned in the preceding paragraph often had a fatal termination. Since the use of these drugs however, the number of deaths has been reduced to very small proportions and the complications, which in the past have often had a lasting detrimental effect on the patient's ears or eyes, are now nearly always avoided.

Ophthalmia Neonatorum

During 1953 one case of ophthalmia neonatorum was notified in Lewes. This is a form of eye infection in the newborn and present-day midwifery methods, combined with the use, where necessary, of modern drugs, has reduced both the severity and frequency of the disease to a very low level.

Pneumonia

Nine cases of pneumonia were notified during the year under review, none of which were sufficiently serious to require admission to hospital. All cases notified made satisfactory recoveries.

Poliomyelitis

For the second year in succession only one case of poliomyelitis was notified in Lewes during the year. This case was of a boy aged five years who was admitted into hospital on 10th January, 1953. He developed slight paralysis of the right arm and right leg but this cleared up within nine days and a month later, after physiotherapy, he was able to get up. Within two months of his admission to hospital he was discharged cured.

As yet, all too little is known of the mode of spread and the organisms causing poliomyelitis. However, our store of knowledge is gradually increasing and advances have been made in the general methods adopted in the fight against the disease. One of these advances brought into being during 1953 was the setting up in areas from London to the south-east coast of centres very fully equipped for the treatment of the more dangerous forms of poliomyelitis. In these centres, full medical cover is available at all times of the day and night, special apparatus is also available and an adequate nursing staff is trained in the nursing of artificial respiratory diseases. The centres are so placed as to bring them within easy reach of all parts of the area and they should prove to be one of the major advances so far made.

Scarlet Fever

For the second year in succession seventeen cases of scarlet fever were notified in Lewes and, again for the second successive year, only one of these cases was sufficiently severe to merit admission to hospital. In my last Annual Report it was pointed out that seventeen cases gave an incidence almost three times the average number recorded during the preceding six years and it was stressed that vigilance must be maintained as the disease might regain its place amongst the most serious of childhood illnesses. Now, with the trebled incidence rate being maintained for the second successive year, the need for vigilance is even greater. Luckily, it is again possible, as last year, to record that the severity of the illness has not been great.

Early recognition of the disease and immediate isolation of the patient are very important as the period of infectivity begins at the earliest stage of an attack. A daily dose of a sulphonamide drug, given under medical supervision, will provide protection for the majority of persons exposed to scarlet fever infection. This, however, does not obviate the necessity for appropriate precautions, such as the isolation of the patient, exclusion of contacts from school, and the exclusion of infected persons from handling milk and milk products.

Whooping Cough

Of the total number of 374 cases of infectious disease notified in Lewes during 1953, 149 or 39.8% were of whooping cough. Of this total, two cases were admitted to hospital and one of these, a boy aged five months, died. Although this is the first case of a death resulting from whooping cough in the district for a number of years, it serves to emphasise the seriousness of the illness, especially in the case of very young children. Throughout the country, the case fatality of whooping cough is about five times that of measles.

For a number of years efforts have been made to develop a combined vaccine which offers protection against both diphtheria and whooping cough and several are now available which have been proved to be satisfactory. Arrangements are being completed to make one of these combined preparations available throughout the district, and it is to be hoped that within a few years a case of whooping cough will be the rarity that diphtheria has now become.

General

Of the total number of 374 cases of infectious disease which occurred in Lewes during 1953, 338, or over 90 per cent. were cases of measles or whooping

cough. Although, unfortunately, it is not yet possible to give any form of preventive treatment against measles that is effective for more than a very short while, the vaccines available for the prevention of whooping cough are becoming increasingly effective. The control of this major scourge will result in the reduction of the incidence of infectious disease in this country by very nearly half, and it is encouraging to learn that it is more than probable that this day is by no means remote.

Of the remaining 36 cases of infectious disease which occurred during the year, seventeen, or very nearly half, were of scarlet fever, a disease which has shewn a tendency to increase in incidence during the past few years. Every effort will have to be made to avoid the disease reverting to its former position as one of the most dangerous of the infectious illnesses.

SECTION V TUBERCULOSIS

In 1953 twenty-one cases of pulmonary tuberculosis and three cases of non-pulmonary tuberculosis were notified. No death occurred either from pulmonary or non-pulmonary tuberculosis. Nine of the notifications relating to pulmonary disease were inward transfers from other districts and four of the cases notified left the area before the end of the year. Details are given in the following table :—

AGE PERIODS	1953—NEW CASES AND MORTALITY							
	NEW CASES				DEATHS			
	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F	Pulmonary M	Non- Pulmonary F
0	—	—	—	—	—	—	—	—
5	—	1 (o.t.)	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
15	1	—	—	—	—	—	—	—
20	3 (2 i.t.)	2 (1 i.t.)	—	1	—	—	—	—
25	2 (1 i.t. & o.t.)	1 (i.t.)	—	1	—	—	—	—
30	—	3 (1 i.t.)	—	—	—	—	—	—
35	—	—	—	—	—	—	—	—
40	1 (i.t.)	1 (i.t.)	—	—	—	—	—	—
45	1 (o.t.)	2	—	1	—	—	—	—
50 and upwards	3 (1 i.t. & o.t.)	—	—	—	—	—	—	—
Totals ..	11	10	—	3	—	—	—	—
i.t.=inward transfer					o.t.=outward transfer			

1953 is the first year in which no deaths from tuberculosis have been recorded in the Borough. It is to be hoped that this is the forerunner of many similar years to come, as the combined effect of the various techniques used in the fight against the disease at last begins to become apparent.

The twenty-one cases of pulmonary tuberculosis which were notified in 1953 represent five fewer cases than were notified in the preceding year. This is particularly satisfactory when it is remembered that of the twenty-one cases notified, nine were of persons already suffering from the disease who had moved into Lewes from another area. Thus only twelve cases were recorded for the first time.

Although it is extremely satisfactory to reflect that advances in the battle against tuberculosis are being made in so many fields, it is unfortunate that the position is still unsatisfactory so far as one of the most important factors is concerned, namely, the elimination of unsatisfactory housing conditions. Dry, comparatively spacious, and well lighted housing accommodation will often enable a person to resist the efforts of the disease to obtain a footing, while on the contrary, damp, dark and cramped rooms, especially sleeping quarters, will lower a person's resistance and make him or her an easy prey to the attacks of the bacilli. It is unfortunate that it has not been possible for a number of years past to launch, either in Lewes or in the country as a whole, any form of mass attack against bad housing conditions, but there are encouraging signs that restrictions are gradually being withdrawn and no doubt every opportunity will be taken to rehouse as soon as possible those people in the Borough whose health may be jeopardised by their present unsatisfactory living conditions.

